

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Stefan Hennen et al.
Appl. No.: 09/786,063
Conf. No.: 6452
Filed: July 10, 2001
Title: TELECOMMUNICATION SYSTEM AND METHOD FOR TRANSMITTING
DATA AND TELECOMMUNICATION SYSTEM SYNCHRONIZATION
METHOD
Art Unit: 2661
Examiner: Bob A. Phunkulh
Docket No.: 112740-184

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT



Sir:

In response to the Office Action dated September 19, 2005, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 112740-184	
Applicant(s): Hennen et al.						
Application No. 09/786,063	Filing Date July 10, 2001	Examiner Bob A. Phunkulh	Customer No. 29177	Group Art Unit 2661	Confirmation No. 6452	
Invention: TELECOMMUNICATION SYSTEM AND METHOD FOR TRANSMITTING DATA AND TELECOMMUNICATION SYSTEM SYNCHRONIZATION METHOD						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	27 -	27 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 02-1818 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: December 19, 2005			
Peter Zura Reg. No. 48,196 Phone (312) 807-4408			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>December 19, 2005</u> (Date)</p><p style="text-align:center"> Signature of Person Mailing Correspondence Heather Foster Typed or Printed Name of Person Mailing Correspondence</p></div>			
cc:						